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IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Jana A. Hines
Art Unit: 1645

DATE: November 6, 2002

FROM: Wei-Ning Yang

TIME: 10:36 AM

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

RE: U.S. Patent Application Serial No.:09/063,978; Our Ref. 45D-1750 (81841.0041)

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, Washington, D.C. 20231, for filing in the above application.

November 6, 2002


Nilka Mickey

TELECOPY/FAX NUMBER: 703-308-4242

CLIENT NUMBER: 81841.0041

ATTORNEY BILLING NUMBER: 1933

CONFIRMATION NUMBER: (703) 305-0487 (please return fax to Nilka Mickey)

FORM PTO-1083

45D-1750 (81841.0041)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

R. J. Obremski, et al.

Serial No: 09/063,978

Filed: April 21, 1998

For: DETECTION OF VERY LOW QUANTITIES OF
ANALYTE BOUND TO A SOLID PHASE

Art Unit: 1645

Examiner: Hines, Jana A.

I hereby certify that this correspondence
is being transmitted via facsimile to
(703) 308-4242: Commissioner for
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November 6, 2002

Date of Deposit

Nilka Mickey

Name

Nilka Mickey

11/6/02

Signature

Date

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	38	-	28	8	LG=\$18 SM=\$9	\$18	\$ 144
INDEPENDENT CLAIMS FEE	6	-	3	3	LG=\$84 SM=\$42	\$84	\$ 252
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ [FEE]
TOTAL							\$ 396

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Wei-Ning Yang
Wei-Ning Yang
Registration No. 38,690
Attorney for Applicant(s)

Date: November 6, 2002

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